



PART B - FEE(S) TRANSMITTAL

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7590

07/28/2003

DENTON L. ANDERSON
SHELDON & MAK
225 SOUTH LAKE AVENUE
9TH FLOOR
PASADENA, CA 91101

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Norman Anderson	(Depositor's name)
	(Signature)
9-29-03	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/833,903	04/12/2001	Georges Baikoff	32774-PCT-USA - 065268.01	4734

TITLE OF INVENTION: SCLERAL EXPANSION SEGMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$300	\$1600	10/28/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILLSE, DAVID H	3738	623-004100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Denton L. Anderson

1. Sheldon & Mak

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

O.I.I. INTERNATIONAL, INC.

Ontario, California

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2090 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

9/29/03

Denton L. Anderson, 30,153

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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10/09/2003 MBELETE2 00000014 09833903

01 FC:1501
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TRANSMIT THIS FORM WITH FEE(S)



14366US

JB

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEIssue Application of:
BAIKOFF, Georges

Serial No.: 09/833,903

U.S. Filing Date: 04/12/2001

For: **SCLERAL EXPANSION SEGMENT**

) Group Art Unit: 3738
)
) Examiner: WILLSE, David H.
)
)
)
)
) Pasadena, California

TRANSMITTAL LETTER

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed please find the following for the above-identified Application:

- (1) Issue Fee Transmittal;
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The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication or credit any overpayment to Deposit Account No. 19-2090.

Respectfully submitted,

SHELDON & MAK

Date: 9/29/03

By:

Denton L. Anderson
Denton L. Anderson
Reg. No. 30,153

SHELDON & MAK
225 S. Lake Avenue, 9th Floor
Pasadena, California 91101
Phone: (626) 796-4000
Facsimile: (626) 795-6321

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Norman Anderson
Norman Anderson